



## STEAMSHIP MUTUAL

To the Members

December 2008

Dear Sirs,

### **INTRODUCTION OF AN ENHANCED CREW PRE-EMPLOYMENT MEDICAL EXAMINATION (PEME) SCHEME**

In recent years it has become evident that the Club is facing increasing levels of crew claims. Although there is stability in the number of claims incurred, their average value has been steadily growing, and between 2004 and 2007 the total value of crew claims increased by over 60%. Further, from an investigation of claims arising from crew illness, it is frequently apparent from the nature of the illness, that many of the crew members concerned could not have been medically fit for sea service at the commencement of their employment. Crew members who are unfit, either physically or mentally, have the potential to generate more than just illness and repatriation claims. Increasing numbers of claims for death compensation are being received, and in some instances the crewmembers involved had only been onboard the vessel for a matter of days. Claims arising in circumstances such as these are an unnecessary drain on resources.

Claims associated with pre-existing medical conditions arise either because no Pre-Employment Medical Examination (PEME) was undertaken, or because any PEME that might have been conducted was insufficiently rigorous. Whilst many of the crew employed on Members' vessels may already undergo some form of PEME, the Club's experience based upon incurred claims is that the quality of many examinations is variable, as also is the range of tests conducted. Consequently there are many unfit seafarers who are passed as fit for sea service, with the result that crew liability risk for the Members concerned and the Club is adversely affected.

The Managers have therefore decided, as part of the Club's ongoing loss prevention programme, to introduce a PEME scheme with effect from 20<sup>th</sup> February 2009 for crewmembers recruited in the Philippines, in an effort to reduce the risk of unnecessary crew claims arising from pre-existing medical conditions. The scheme will be based upon enhanced examinations designed to screen for conditions likely to be encountered for personnel in three age bands – under 30, 31 to 45, and 46 and over. These examination standards have been compiled with the assistance of independent UK based consultants – Medical Rescue International (MRI).

MRI have undertaken a review of various clinics in the Philippines on the Club's behalf and for the purposes of the scheme, seven clinics have been selected as recommended service providers to undertake PEMEs in accordance with the enhanced requirements of the Club's scheme. In order to facilitate crewmembers' travel to the clinics to undergo examination, three of the Clinics are located in Cebu, Davao and Iloilo, whilst the remaining four are in Manila. The Club's recommended clinics have all agreed to undertake the enhanced examinations in accordance with a common fee structure of US\$75, US\$85, and US\$120 for the under 30, 31-45 and 46 and over age bands respectively. Details of the tests undertaken under each of the examination standards are enclosed.

The Managers fully appreciate that many Members will already have arrangements in place in relation to PEMEs for recruits from the Philippines, either directly or via manning agents. This scheme does not seek to disturb any such pre-existing arrangements, and nor does it limit the Member's choice of PEME service provider. However, for the reasons outlined at the beginning of this Circular, we hope that Members will appreciate the benefits that can be derived from the use of Clinics that are recommended by the Club conducting enhanced examinations in a consistent manner in accordance with quality standards that are being monitored. Consequently, the Managers strongly recommend that the Clinics selected for the scheme are used to conduct PEMEs wherever possible. The greater the number of examinations that can be carried out under the scheme, the greater the potential benefits for Members and the Club.

B.479

**THE STEAMSHIP MUTUAL UNDERWRITING ASSOCIATION (BERMUDA) LIMITED**

Registered Office: Clarendon House, 2 Church Street, Hamilton HM 11, Bermuda

Authorised and Regulated by the Bermuda Monetary Authority and the United Kingdom Financial Services Authority  
(FSA registration number 202762)

**MANAGERS: STEAMSHIP MUTUAL MANAGEMENT (BERMUDA) LIMITED  
WASHINGTON MALL I, PO BOX HM 447, HAMILTON HM BX, BERMUDA**

During the first year of the scheme's operation, data will be collected to evaluate its effectiveness so that consideration can then be given to expansion of the scheme to recruitment centres elsewhere. MRI, who are entirely independent of the recommended clinics, will remain involved to monitor the performance of the clinics and the scheme, and they will also be responsible for undertaking an annual audit of the clinics and their facilities.

Details of the recommended clinics are as follows:

<b>Manila</b>	
S.M. Lazo Medical Clinic 1755 Taft Avenue cor J. Nakpil Street Malate, Manila	Tel: 00 632 303 7005 or 521 9011 or 5241891 Fax: 00 632 524 6325 Email: smlazo@i-manila.com.ph  Contact: Dr. Fe Bacungan
Halcyon Marine Healthcare Systems Unit A - B, 10 <sup>th</sup> Floor Trafalgar Plaza 105 H. V. De la Costa Street Salcedo Village, Makati City 1227 Manila	Tel: 00 632 864 0205 Fax: 00 632 864 0262 Email: glennda@pacific.net.ph  Contact: Dr. Glenda Canlas
Supercare Medical Services Inc Suite 315 Velco Centre R.S. Oca cor. Delgado Street Port Area, Manila 1018	Tel: 00 632 528 0093 or 338 5768 Fax: 00 632 4041698 Email: Paskygutay@supercare.com.ph  Contact: Dr. Pascual Gutay
American Outpatient Clinic 2nd Floor, FEMI Building A. Soriano Jr. Ave (formerly Aduana Street) Intramuros, Manila 2801	Tel: 00 632 521 5967 527 1611 527 2853 Fax: 00 632 5271694 Email: amer_h@info.com.ph  Contact: Dr. Letitia Abesamis
<b>Cebu</b>	
Physicians Diagnostic Services Centre 104 F. Ramos St. corner of Junguero Street Cebu City	Tel: 00 63 32 254 1778 Fax: 00 032 254 3707 Email: peddeguz@gmail.com  Contact: Dr. Ma. Stella Polentinos
<b>Davao</b>	
Physicians Diagnostic Services Centre 49 Jose Palma Gil Street Davao City	Tel: 00 63 82 224 6672 Email: peddeguz@gmail.com  Contact: Dr. Pedro de Guzman
<b>Iloilo</b>	
Physicians Diagnostic Services Centre (known as Iloilo PDS & Laboratory Centre) 2nd Floor, John Tan Building (Banco Filipino) Iznart Street Iloilo City	Tel: 00 63 33 3381138 or 338 1143 Email: peddeguz@gmail.com  Contact: Dr. Mary Jennifer Dimaya

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When contacting any of the clinics to arrange an examination, a specific request should be made for the examination to be undertaken under the Steamship Mutual Scheme and the name of the Member should also be provided.

For more information about the Steamship Mutual PEME scheme or if you have any questions, please contact either Jeanne Maddern or Chris Adams at the Managers' London representatives or visit [www.simsl.com](http://www.simsl.com) for further details.

Yours faithfully,

THE STEAMSHIP MUTUAL UNDERWRITING  
ASSOCIATION (BERMUDA) LIMITED

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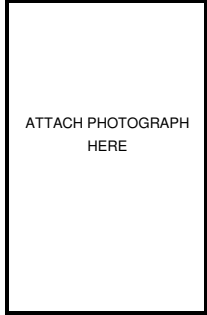
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STEAMSHIP MUTUAL



Pre-employment Medical Examination (PEME)

**MEDICAL EXAMINATION RECORD**

For aged 30 years and below

FAMILY NAME		GIVEN NAMES			GENDER	AGE	DATE OF BIRTH	
PASSPORT NO.		POSITION APPLIED FOR			MANNING AGENT			
PRESENT MAILING ADDRESS						TEL. NO		
HEIGHT	WEIGHT	PULSE	BODY BUILD		CHEST:INSP	ins		
m	lbs	/min	SS / MS		CHEST:EXP	ins		
ins	kgs	reg / irr			ABD GIRTH	ins		
VISUAL ACUITY		FAR VISION		NEAR VISION				
UNCORRECTED		L	R	L	R	COLOUR VISION	CLARITY OF SPEECH	
CORRECTED		L	R	L	R			
DENTAL				CHEST X-RAY		PA / AP	X RAY NO.	
UPPER	8 7 6 5 4 3 2 1 - L 1 2 3 4 5 6 7 8			NEGATIVE		BLOOD PRESSURE N.B. SHOULD NOT BE ABOVE 140/90		
LOWER	8 7 6 5 4 4 2 1 - L 1 2 3 4 5 6 7 8			POSITIVE				

FAMILY HISTORY				
	Present Age	Present state of health	Age at death	Cause of death
Father				
Mother				
Brother/s 1				
2				
3				
Sister/s 1				
2				
3				

MEDICAL HISTORY - Has applicant suffered from, or been told they have (or had) any of the following conditions:					
1. Asthma or wheezing	YES / NO	14. Rheumatic fever	YES / NO	27. Epilepsy	YES / NO
2. Bronchitis	YES / NO	15. High blood pressure	YES / NO	28. Depression	YES / NO
3. Pleurisy	YES / NO	16. Heart attack	YES / NO	29. Psychiatric problems	YES / NO
4. Tuberculosis	YES / NO	17. Chest pain	YES / NO	30. Muscular weakness	YES / NO
5. Pneumonia	YES / NO	18. Palpitations	YES / NO	31. Paralysis	YES / NO
6. Blood Disorder	YES / NO	19. Poor circulation	YES / NO	32. Stroke	YES / NO
7. Coughed up blood	YES / NO	20. Other infections of the heart or circulatory system	YES / NO	33. T.I.A.	YES / NO
8. Shortness of breath	YES / NO			34. Tingling	YES / NO
10. Diabetes	YES / NO	21. Varicose veins	YES / NO		
11. Sinus Trouble	YES / NO	22. Swelling of feet	YES / NO		
12. Frequent colds	YES / NO	23. Thyroid problems	YES / NO		
13. Ear Infections	YES / NO	24. Fainting attacks	YES / NO		
14. Balance problems	YES / NO	25. Migraine	YES / NO		
12. Nose bleeding	YES / NO	26. Blackouts	YES / NO		
13. Hearing problems	YES / NO				



STEAMSHIP MUTUAL

Pre-employment Medical Examination (PEME)

**MEDICAL EXAMINATION RECORD (continued)**

For aged 30 years and below

Additional questions	
35. Have you ever been signed off as sick or repatriated from a ship.	YES / NO
37. Have you ever been hospitalised.	YES / NO
38. Have you ever been declared unfit for sea duty.	YES / NO
39. Has your medical certificate ever been restricted or revoked?	YES / NO
40. Are you aware that you have any medical problems, diseases or illnesses?	YES / NO
41. Do you feel healthy and fit to perform the duties of your designated position/ occupation?	YES / NO
42. Are you allergic to any medications.	YES / NO
Comments:	
43. Are you taking any non-prescription medications or prescription medications?	YES / NO
If yes, please list the medications taken and the purpose(s) and dosage(s).	

I hereby certify that the personal declaration above is a true statement to the best of my knowledge and any false statements will disqualify me from any employment benefits and claims.

Signature of examinee: .....

Date (day/month/year) ...../...../.....

Witnessed by: .....

Name: .....

I hereby permit the undersigned physician to furnish such information the company may need pertaining to my health status and other personal medical findings and do hereby release them from any and all legal responsibility by doing so.

Signature of examinee: .....

Name of Employer: .....



STEAMSHIP MUTUAL

Pre-employment Medical Examination (PEME)

**MEDICAL EXAMINATION RECORD (continued)**

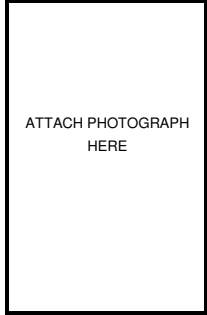
For aged 30 years and below

SYSTEMIC EXAMINATION							
	NORMAL	FINDINGS			NORMAL	FINDINGS	
1. Skin	YES / NO				11. Heart	YES / NO	
2. Head, neck, scalp	YES / NO				12. Abdomen	YES / NO	
3. Eyes - external	YES / NO				13. Back	YES / NO	
4. Pupils ophthalmoscopic	YES / NO				14. Anus - rectum	YES / NO	
5. Ears	YES / NO				15. G - U system	YES / NO	
6. Nose - sinuses	YES / NO				16. Inguinals, genitals	YES / NO	
7. Mouth - throat	YES / NO				17. Reflexes	YES / NO	
8. Neck, L N thyroid	YES / NO				18. Extremities	YES / NO	
9. Chest - breast - axilla	YES / NO				19. Dental (teeth)	YES / NO	
10. Lungs	YES / NO				20. Surgical Operations	YES / NO	
<b>AUDIOGRAM</b>							
	500	1000	2000	4000	6000	8000	
Right Ear Khz							
JB							
Left Ear Khz							
JB							
<b>LUNG FUNCTION TESTS</b>							
PEV 1							
PVC 1							
PEFR							
<b>Standard Examination</b>							
1. Chest X-Ray							
2. Complete Blood count							
3. Routine Urinalysis							
4. Routine Faecanalysis							
5. Blood Typing							
6. Dental Examination							
7. Optical Examination							
8. Complete Medical History and Physical Examination							
9. Psychological Examination							
<b>Additional Examination</b>							
10. Lipid Analysis							
Triglycerides				11. Others			
Cholesterol				Fasting Blood Sugar			
HDL				HIV 1 & HIV 2			
LDL				Audiometry			
				Ishihara			
				Pulmonary Function Test			
				VDRL Screening			
				ECG			
12. Hepatitis A							
Hepatitis B Antigen Test							
Hepatitis C							

It is recommended that the seafarer is given instructions for the taking of appropriate anti-malarial medication throughout the term of the contract.



STEAMSHIP MUTUAL



Pre-employment Medical Examination (PEME)

**MEDICAL EXAMINATION RECORD**

For aged 31 years to 45 years

FAMILY NAME		GIVEN NAMES			GENDER	AGE	DATE OF BIRTH	
PASSPORT NO.		POSITION APPLIED FOR			MANNING AGENT			
PRESENT MAILING ADDRESS						TEL. NO		
HEIGHT	WEIGHT	PULSE	BODY BUILD		CHEST:INSP	ins		
m	lbs	/min	SS / MS		CHEST:EXP	ins		
ins	kgs	reg / irr			ABD GIRTH	ins		
VISUAL ACUITY		FAR VISION		NEAR VISION				
UNCORRECTED		L	R	L	R	COLOUR VISION	CLARITY OF SPEECH	
CORRECTED		L	R	L	R			
DENTAL				CHEST X-RAY	PA / AP	X RAY NO.		
UPPER	8 7 6 5 4 3 2 1 - L 1 2 3 4 5 6 7 8			NEGATIVE	BLOOD PRESSURE			
LOWER	8 7 6 5 4 4 2 1 - L 1 2 3 4 5 6 7 8			POSITIVE	N.B. SHOULD NOT BE ABOVE 140/90			

FAMILY HISTORY				
	Present Age	Present state of health	Age at death	Cause of death
Father				
Mother				
Brother/s 1				
2				
3				
Sister/s 1				
2				
3				

MEDICAL HISTORY - Has applicant suffered from, or been told they have (or had) any of the following conditions:					
1. Asthma or wheezing	YES / NO	14. Rheumatic fever	YES / NO	27. Epilepsy	YES / NO
2. Bronchitis	YES / NO	15. High blood pressure	YES / NO	28. Depression	YES / NO
3. Pleurisy	YES / NO	16. Heart attack	YES / NO	29. Psychiatric problems	YES / NO
4. Tuberculosis	YES / NO	17. Chest pain	YES / NO	30. Muscular weakness	YES / NO
5. Pneumonia	YES / NO	18. Palpitations	YES / NO	31. Paralysis	YES / NO
6. Blood Disorder	YES / NO	19. Poor circulation	YES / NO	32. Stroke	YES / NO
7. Coughed up blood	YES / NO	20. Other infections of the heart or circulatory system	YES / NO	33. T.I.A.	YES / NO
8. Shortness of breath	YES / NO			34. Tingling	YES / NO
10. Diabetes	YES / NO				
11. Sinus Trouble	YES / NO	21. Varicose veins	YES / NO		
12. Frequent colds	YES / NO	22. Swelling of feet	YES / NO		
13. Ear Infections	YES / NO	23. Thyroid problems	YES / NO		
14. Balance problems	YES / NO	24. Fainting attacks	YES / NO		
12. Nose bleeding	YES / NO	25. Migraine	YES / NO		
13. Hearing problems	YES / NO	26. Blackouts	YES / NO		



STEAMSHIP MUTUAL

Pre-employment Medical Examination (PEME)

**MEDICAL EXAMINATION RECORD (continued)**

For aged 31 years to 45 years

Additional questions	
35. Have you ever been signed off as sick or repatriated from a ship.	YES / NO
37. Have you ever been hospitalised.	YES / NO
38. Have you ever been declared unfit for sea duty.	YES / NO
39. Has your medical certificate ever been restricted or revoked?	YES / NO
40. Are you aware that you have any medical problems, diseases or illnesses?	YES / NO
41. Do you feel healthy and fit to perform the duties of your designated position/ occupation?	YES / NO
42. Are you allergic to any medications.	YES / NO
Comments:	
43. Are you taking any non-prescription medications or prescription medications?	YES / NO
If yes, please list the medications taken and the purpose(s) and dosage(s).	

I hereby certify that the personal declaration above is a true statement to the best of my knowledge and any false statements will disqualify me from any employment benefits and claims.

Signature of examinee: .....

Date (day/month/year) ...../...../.....

Witnessed by: .....

Name: .....

I hereby permit the undersigned physician to furnish such information the company may need pertaining to my health status and other personal medical findings and do hereby release them from any and all legal responsibility by doing so.

Signature of examinee: .....

Name of Employer: .....





STEAMSHIP MUTUAL

Pre-employment Medical Examination (PEME)

**MEDICAL EXAMINATION RECORD (continued)**

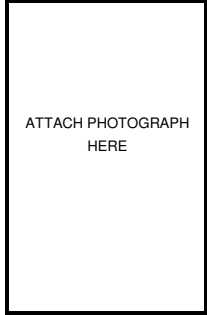
For aged 31 years to 45 years

SYSTEMIC EXAMINATION							
	NORMAL	FINDINGS			NORMAL	FINDINGS	
1. Skin	YES / NO			11. Heart	YES / NO		
2. Head, neck, scalp	YES / NO			12. Abdomen	YES / NO		
3. Eyes - external	YES / NO			13. Back	YES / NO		
4. Pupils ophthalmoscopic	YES / NO			14. Anus - rectum	YES / NO		
5. Ears	YES / NO			15. G - U system	YES / NO		
6. Nose - sinuses	YES / NO			16. Inguinals, genitals	YES / NO		
7. Mouth - throat	YES / NO			17. Reflexes	YES / NO		
8. Neck, L N thyroid	YES / NO			18. Extremities	YES / NO		
9. Chest - breast - axilla	YES / NO			19. Dental (teeth)	YES / NO		
10. Lungs	YES / NO			20. Surgical Operations	YES / NO		
AUDIOGRAM							
	500	1000	2000	4000	6000	8000	
Right Ear Khz							
JB							
Left Ear Khz							
JB							
LUNG FUNCTION TESTS							
PEV 1							
PVC 1							
PEFR							
Standard Examination							
1. Chest X-Ray (14x17)							
2. Complete Blood count							
3. Routine Urinalysis							
4. Routine Faecanalysis							
5. Blood Typing							
6. Dental Examination							
7. Optical Examination							
8. Complete Medical History and Physical Examination							
9. Psychological Examination							
Additional Examination							
10. Lipid Analysis				13. Others			
Triglycerides				Fasting Blood Sugar			
Cholesterol				HIV 1 & HIV 2			
HDL				Audiometry			
LDL				Ishihara			
				Pulmonary Function Test			
11. Liver Analysis				VDRL Screening			
Total Bilirubin				ECG			
SGOT							
SGPT				14. Hepatitis A			
GGTP				Hepatitis B Antigen Test			
				Hepatitis C			
12. Kidney Function Test							
BUN							
Creatinine							
Total Protein							

It is recommended that the seafarer is given instructions for the taking of appropriate anti-malarial medication throughout the term of the contract.



STEAMSHIP MUTUAL



Pre-employment Medical Examination (PEME)

**MEDICAL EXAMINATION RECORD**

For aged 46 years and above

FAMILY NAME		GIVEN NAMES			GENDER	AGE	DATE OF BIRTH	
PASSPORT NO.		POSITION APPLIED FOR			MANNING AGENT			
PRESENT MAILING ADDRESS						TEL. NO		
HEIGHT	WEIGHT	PULSE	BODY BUILD		CHEST:INSP	ins		
m	lbs	/min	SS / MS		CHEST:EXP	ins		
ins	kgs	reg / irr			ABD GIRTH	ins		
VISUAL ACUITY		FAR VISION		NEAR VISION				
UNCORRECTED		L	R		L	R	COLOUR VISION	CLARITY OF SPEECH
CORRECTED		L	R		L	R		
DENTAL					CHEST X-RAY	PA / AP	X RAY NO.	
UPPER	8 7 6 5 4 3 2 1 - L 1 2 3 4 5 6 7 8			NEGATIVE		BLOOD PRESSURE		
LOWER	8 7 6 5 4 4 2 1 - L 1 2 3 4 5 6 7 8			POSITIVE		N.B. SHOULD NOT BE ABOVE 140/90		

FAMILY HISTORY				
	Present Age	Present state of health	Age at death	Cause of death
Father				
Mother				
Brother/s	1			
	2			
	3			
Sister/s	1			
	2			
	3			

MEDICAL HISTORY - Has applicant suffered from, or been told they have (or had) any of the following conditions:					
1. Asthma or wheezing	YES / NO	14. Rheumatic fever	YES / NO	27. Epilepsy	YES / NO
2. Bronchitis	YES / NO	15. High blood pressure	YES / NO	28. Depression	YES / NO
3. Pleurisy	YES / NO	16. Heart attack	YES / NO	29. Psychiatric problems	YES / NO
4. Tuberculosis	YES / NO	17. Chest pain	YES / NO	30. Muscular weakness	YES / NO
5. Pneumonia	YES / NO	18. Palpitations	YES / NO	31. Paralysis	YES / NO
6. Blood Disorder	YES / NO	19. Poor circulation	YES / NO	32. Stroke	YES / NO
7. Coughed up blood	YES / NO	20. Other infections of the heart or circulatory system	YES / NO	33. T.I.A.	YES / NO
8. Shortness of breath	YES / NO			34. Tingling	YES / NO
10. Diabetes	YES / NO	21. Varicose veins	YES / NO		
11. Sinus Trouble	YES / NO	22. Swelling of feet	YES / NO		
12. Frequent colds	YES / NO	23. Thyroid problems	YES / NO		
13. Ear Infections	YES / NO	24. Fainting attacks	YES / NO		
14. Balance problems	YES / NO	25. Migraine	YES / NO		
12. Nose bleeding	YES / NO	26. Blackouts	YES / NO		
13. Hearing problems	YES / NO				



STEAMSHIP MUTUAL

Pre-employment Medical Examination (PEME)

**MEDICAL EXAMINATION RECORD (continued)**

For aged 46 years and above

Additional questions	
35. Have you ever been signed off as sick or repatriated from a ship.	YES / NO
37. Have you ever been hospitalised.	YES / NO
38. Have you ever been declared unfit for sea duty.	YES / NO
39. Has your medical certificate ever been restricted or revoked?	YES / NO
40. Are you aware that you have any medical problems, diseases or illnesses?	YES / NO
41. Do you feel healthy and fit to perform the duties of your designated position/ occupation?	YES / NO
42. Are you allergic to any medications.	YES / NO
Comments:	
43. Are you taking any non-prescription medications or prescription medications?	YES / NO
If yes, please list the medications taken and the purpose(s) and dosage(s).	

I hereby certify that the personal declaration above is a true statement to the best of my knowledge and any false statements will disqualify me from any employment benefits and claims.

Signature of examinee: .....

Date (day/month/year) ...../...../.....

Witnessed by: .....

Name: .....

I hereby permit the undersigned physician to furnish such information the company may need pertaining to my health status and other personal medical findings and do hereby release them from any and all legal responsibility by doing so.

Signature of examinee: .....

Name of Employer: .....



STEAMSHIP MUTUAL

Pre-employment Medical Examination (PEME)

**MEDICAL EXAMINATION RECORD (continued)**

For aged 46 years and above

SYSTEMIC EXAMINATION							
	NORMAL	FINDINGS			NORMAL	FINDINGS	
1. Skin	YES / NO			11. Heart	YES / NO		
2. Head, neck, scalp	YES / NO			12. Abdomen	YES / NO		
3. Eyes - external	YES / NO			13. Back	YES / NO		
4. Pupils ophthalmoscopic	YES / NO			14. Anus - rectum	YES / NO		
5. Ears	YES / NO			15. G - U system	YES / NO		
6. Nose - sinuses	YES / NO			16. Inguinals, genitals	YES / NO		
7. Mouth - throat	YES / NO			17. Reflexes	YES / NO		
8. Neck, L N thyroid	YES / NO			18. Extremities	YES / NO		
9. Chest - breast - axilla	YES / NO			19. Dental (teeth)	YES / NO		
10. Lungs	YES / NO			20. Surgical Operations	YES / NO		
AUDIOGRAM							
	500	1000	2000	4000	6000	8000	
Right Ear Khz							
JB							
Left Ear Khz							
JB							
LUNG FUNCTION TESTS							
PEV 1							
PVC 1							
PEFR							
Standard Examination							
1. Chest X-Ray (14x17)							
2. Complete Blood count							
3. Routine Urinalysis							
4. Routine Faecanalysis							
5. Blood Typing							
6. Dental Examination							
7. Optical Examination							
8. Complete Medical History and Physical Examination							
9. Psychological Examination							
Additional Examination							
10. Lipid Analysis				13. Others			
Triglycerides				Fasting Blood Sugar			
Cholesterol				HIV 1 & HIV 2			
HDL				Audiometry			
LDL				Ishihara			
				Pulmonary Function Test			
11. Liver Analysis				VDRL Screening			
Total Bilirubin				ECG			
SGOT							
SGPT				14. Hepatitis A			
GGTP				Hepatitis B Antigen Test			
				Hepatitis C			
12. Kidney Function Test							
BUN				15. Stress ECG			
Creatinine				Cardiac Profile			
Total Protein							

It is recommended that the seafarer is given instructions for the taking of appropriate anti-malarial medication throughout the term of the contract.